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en e	ARIZONA STATI	E BOARD OF I	IEALTH	591	ALRI
PLACE OF BIRTH	BUREAU OF	VITAL STATISTIC	s 492	State File No.	1 11 + 1
0.	STANDARD CE	RTIFICATE OF BI	RTH	Registered No.	
County Gila	<u> </u>		State	2-12-12-12	· (\$)
Township			or Village	()	
City Many	No. No. occurred in a hospital	or institution, give	its NAME instead of	street and number	Ward
Full name of child		enter !	ſ \	f child is not yet upplemental repor	named, make
			[³	upprementar repor	t, as directed
Sex If plural 4. Twin, triplet, of births 5. Number, in or		ture 7. Legitie	nate? 8. Date of birth .	(Month, day, year	r) 19
Full FATHER name	amire	18. Full maiden name	Dalaria	agu	me
Residence (usual place of abode) (If non-resident, give place and Sta	nte, (mani a	19. Residence (If non-re	(usual place of abodesident, give place an	e) State) (M.A	mi line
" N	last birthday (Yea	20. Color or	race 21. A	e at last birthda	y (Years)
Birthplace (city or place)	of a Cla	22. Birthplace	(city or place)	hipuan	<u> </u>
(State or country)	1 Williams	(State or	country)	Vactor We I	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	a the second	23. Trade, of wor typist, 24. Indust	profession, or particuk done, as housekeept nurse, clerk, etc	lar kind	sour C
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		≤ work	ry or business in whi was done, as own hon 's office, silk mill, e	ne,	
16. Date (month and year)	Total time (years) spent in this work	ບ ja≎t er	(month and year) ngaged in this work	26. Total time (
Number of children of this mother 'At time of this birth and including	this child) (a) Born a			t now dead (c) Stillborn
f stillborn, eriod of gestation months or weeks	29. Cause of stillbirt	h		Before labor During labor	*#* % *
Of weeks	TIFICATE OF ATTE	NDING PHYSICIAN	OR MIDWIFE	e<-	
hereby certify that I attended the				m. on the date	s above states
hen there was no attending physicianidwife, then the father, householded should make this return.	an) er.	Signed)			, M.D
named added from Q - 10	-1932-	. doloris	aguere	Moch	
periodic point (Date	, 4.,	ddress 2	32	6.8.0	wil
119 - 411 -4-15	RegistrarF	iled	, 19.30.		Registr